

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-8-05 2 Serial/Patent #: 10/520021

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ 100							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>							
8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/> Overpayment		Treasury Check								
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>3</td><td>--</td><td>2</td><td>8</td><td>5</td><td>5</td></tr></table>		1	3	--	2	8	5	5
1	3	--	2	8	5	5				

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

John Anderson

TITLE: Paralegal Specialist

SIGNATURE:

John Anderson

PHONE: 308-9140 ext 211

OFFICE:

PCT - DO 160

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B